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Effective on 12/08/2004. Complete if Known												
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10		10/813,558-Conf. #4103						
FEE	ETRANSI	Filing Date			arch 29, 2004							
	For FY 20	First Named Inv	<del></del>									
	101112	Examiner Name L.		J. Weinstein								
X Applicant	claims small entity state	Art Unit 3746										
TOTAL AMOUNT OF PAYMENT (\$) 960.00			Attorney Docket No. 04110/0201116-US0									
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order None Other (please identify):												
x Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
x Charge any additional fee(s) or underpayments of x Credit any overpayments												
FEE CALCULATION												
	G, SEARCH, AND EX	(AMINATION FEE	s									
	FIL	ING FEES	SE	ARCH FEES	EXAMI	NATION FEES						
Application Ty	/pe Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity ) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Foos F	Paid (\$)				
Utility	330	165	540	270	220	110	1 003 1	aic (4)				
Design	220	110	100	50	140	70						
Plant	220 <sup>-</sup>	110	330	165	170		-	<del></del> [				
Reissue	330	165	540	270	650	325	<del></del>					
Provisional	220	110	0	0	0	0						
2. EXCESS CLA	AIM FEES						Fee (\$)	Small Entity Fee (\$)				
Fee Description Each claim over 20 (including Reissues)  52 26												
Each independent claim over 3 (including Reissues) 220 110												
Multiple depend	dent claims						390	195				
Total Claims	Extra Claims	Fee (\$)	F	ee Paid (\$)	<u>N</u>	lultiple Depende	ent Claims					
1	- 20 or HP	x =			<u>Fe</u>	ee (\$) <u>F</u>	ee Paid (\$	3)				
HP = highest num	ber of total claims paid for	if greater than 20.										
Indep. Claims	Extra Claims	Fee (\$)	F	ee Paid (\$)								
	3 or HP =	noid for if greater then										
	ber of independent claims	paid for, if greater than	3.									
3. APPLICATIO	N SIZE FEE tion and drawings ex	road 100 shaata a	fnanan	(avaludina alaatu	onionllu fi	lad caquanaa ar	aammutar.					
	ler 37 CFR 1.52(e)), 1							n				
	action thereof. See 3				o •	,, 10. 000.1 00	aditional 5	Ĭ				
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)												
- 100 = /50 = (round up to a whole number) x =												
4. OTHER FEE(							Fees	Paid (\$)				
Non-English	Specification, \$130							'				
Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 405.00 2253 Extension for response within third month 555.00												
		ZZ33 EXIENSION	ior res	sponse within tr	ma monti			33.00				
SUBMITTED BY	= 10 R			Desintentia- Ma								
Signature	20 the			Registration No. (Attorney/Agent)	44,528	Telephone	(212) 52	7-7700				
Name (Print/Type)	Thomas J. Bean					Date	October 1	5, 2009				

OCT 15 2009

AMEN	Docket No. 04110/0201116-US0					
Application	n No.	Filing I		Examiner		Art Unit
10/813,558-Co	onf. #4103	March 29	9, 2004	L. J. Weinste	in	3746
olicant(s): Yosl	hio Ishii et al.					
ention: VACUU	JM CONTROL	SYSTEM				
		THE COMMI				
ansmitted herev ne fee has been						
		CLAIM	S AS AMENI	DED		AA QUI MAT E YEYYA
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		
Total Claims	1	- 20 =	riesent	×		
Independent Claims	1	- 3 =		×		
Multiple Depend	lent Claims (ch	eck if applicabl	le)			
Other fee (pleas	960.00					
TOTAL ADDIT	960.00					
Large Entity				x Small Entity		
No additiona	al fee is require	d for this ame	ndment.			
× Please char	ge Deposit Acc	count No	04-0100 i	n the amount of \$	960.0	. 00
A check in th	ne amount of \$		to cover	the filing fee is enc	losed.	
Payment by	credit card. F	orm PTO-2038	is attached.			
× The Director	is hereby auth	norized to char	ge and credit	Deposit Account N	o. <u>04</u> -	-0100
as described	below. A dup	licate copy of	this sheet is	enclosed.		
x Credit a	ny overpayme	nt.				
x Charge	any additional fil	ing or application	on processing	fees required under 3	37 CFR 1.1	16 and 1.17.
H	B0 0			Dated:	October 1	5 2009
Thomas J. Bea Attorney/Agent		528		<i></i>	00.00001	, 2000
DARBY & DAR						
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New York, New (212) 527-7700	York 10008-	0770				
(212) 021-1100	•					